

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF ALABAMA

LOCAL FORM NO. 1

APPLICATION FOR ATTORNEY PASSWORD
FOR ELECTRONIC CASE FILING SYSTEM

NAME: _____

ADDRESS: _____

PHONE _____ **FAX** _____ **E-MAIL** _____

BAR ID _____ **STATE OF** _____

1. I affirm that I am admitted to practice in the United States Courts for the Southern District of Alabama and that the information set forth above is true and correct.
2. I understand that use of the password to be obtained pursuant to this Application (my password) to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon and my signing of any petitions, schedules, statements, matrices, declarations, verifications, motions, briefs, pleadings or other papers or documents filed by use of my password, for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal Rules of Criminal Procedure and any applicable non bankruptcy law.
3. DELETED: Declaration of Electronic Filing.
4. I understand that it is my responsibility to maintain in my records all documents bearing my original signature that are filed using my password, and all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period of one year after the case or proceeding in which the documents have been filed has been closed.
5. I understand that it is my responsibility to protect and secure the confidentiality of my password, and that if I allow my password to be used by anyone other than myself that I do so at my own risk. If I believe that my password has been compromised, it is my responsibility to notify the court in writing, immediately.
6. I understand that it is my responsibility to notify the court, immediately, of any change in my address, telephone number, fax number, or e-mail address.
7. I agree to adhere to court procedures for the Electronic Case Filing System. I understand that it is my responsibility to learn and use any and all updates to the electronic case filing procedures, and acknowledge and accept the requirement that I have undergone training by the office of the Clerk of the Bankruptcy Court prior to issuance of my password.

ATTORNEY SIGNATURE

DATE

APPROVED BY _____

PASSWORD # _____

DATE _____

MAIL TO: U.S. Bankruptcy Court, 201 St. Louis St., Mobile, AL 36602, or
FAX: 251 441-6286

Revised 1/03